

Premium rate increases can occur at any time during the calendar year with authorization from the New Jersey Department of Banking and Insurance (DOBI). When DOBI authorizes a rate increase, it notifies the SHIP Office which revises the monthly premium rate and date on the comparison chart. The premiums listed are accurate as of the date on this chart, and reflect the company's filing with DOBI. Some companies may offer premium discounts for various reasons. Contact the company for more information.

INDIVIDUAL

MEDICARE SUPPLEMENT COVERAGE

SOLD IN NEW JERSEY BY

BANKERS LIFE AND CASUALTY COMPANY

TELEPHONE: 1-800-621-3724

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURSING FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER			
				PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PAYS			
PLAN	MONTHLY PREMIUM AT AGE 65 <i>(INCREASES WITH AGE)</i>	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$1,068 DEDUCT. (2009)	\$267 COPAY FOR DAYS 61-90 (2009)	\$534 COPAY FOR DAYS 91-150 (2009)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$133.50 COPAY FOR DAYS 21-100 (2009)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$135 ANNUAL DEDUCT. (2009)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCT.	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	PREVENTIVE MEDICAL CARE
A	\$236.49	YES **	NONE		YES	YES	YES					YES		YES			
B	\$258.94	YES **	NONE	YES	YES	YES	YES					YES		YES			
C	\$267.53	YES **	NONE	YES	YES	YES	YES	YES			YES	YES		YES	YES		
D	\$200.93	YES **	NONE	YES	YES	YES	YES	YES				YES		YES	YES	YES	
E	\$202.83	YES **	NONE	YES	YES	YES	YES	YES				YES		YES	YES		YES
F	\$204.28	YES **	NONE	YES	YES	YES	YES	YES			YES	YES	YES ^{100%}	YES	YES		
*F <small>(with \$2,000 deductible)</small>	\$75.78	YES **	NONE	YES	YES	YES	YES	YES			YES	YES	YES ^{100%}	YES	YES		
G	\$151.83	YES **	NONE	YES	YES	YES	YES	YES				YES	YES ^{80%}	YES	YES	YES	
J	\$145.28	YES **	NONE	YES	YES	YES	YES	YES			YES	YES	YES ^{100%}	YES	YES	YES	YES
K ^{1,2,3}	\$68.88	YES **	NONE	YES ^{50%}	YES	YES	YES	YES ^{50%}				YES ^{50%}		YES ^{50%}			
L ^{1,2,3}	\$98.76	YES **	NONE	YES ^{75%}	YES	YES	YES	YES ^{75%}				YES ^{75%}		YES ^{75%}			

* POLICYHOLDERS ARE RESPONSIBLE FOR PAYMENT OF EXPENSES UP TO THE DEDUCTIBLE. THE POLICY WILL PAY COVERED EXPENSES ONCE THE DEDUCTIBLE IS MET. A SEPARATE DEDUCTIBLE APPLIES TO THE FOREIGN TRAVEL EMERGENCY BENEFIT.

** SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN ENROLLMENT PERIOD.

1. YOU PAY PART OF THE COST OF SOME COVERED SERVICES UNTIL YOU MEET THE ANNUAL OUT-OF-POCKET LIMIT OF \$4,620 FOR PLAN K AND \$2,310 FOR PLAN L.

2. YOU PAY 50% (PLAN K) OR 25% (PLAN L) OF YOUR SHARE OF HOSPICE COSTS.

3. YOU PAY NO COINSURANCE FOR PART B COVERED PREVENTIVE CARE SERVICES.

(This information can be found on our web site at www.state.nj.us/health/senior/ship.shtml)